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COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
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**BOARD OF SUPERVISORS**

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November 23, 2004

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**ADOPTION OF FINDINGS AND REPORT OF THE PUBLIC HEARING REGARDING  
THE CLOSURE OF ROBERT F. KENNEDY MEDICAL CENTER  
(2<sup>rd</sup> District) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept the Impact Evaluation Report (IER), which concludes that the closure of Robert F. Kennedy Medical Center (RFK) will have a negative impact upon the community.
2. Instruct the Director of Health Services to forward the IER (Attachment I) to the State Department of Health Services (SDHS) within three days of its adoption by the Board.

**PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:**

In approving these actions, the Board is:

- Concurring with the Emergency Medical Services (EMS) Commission that the closure of RFK will have a negative effect upon the community.

- Instructing the Director of Health Services to forward the IER (Attachment I) to the SDHS within three days of its adoption by the Board.

#### FISCAL IMPACT:

There is no direct net County cost associated with RFK's closure. The County could be indirectly impacted if patients previously seen at RFK seek medical care at County facilities.

#### FACTS AND PROVISIONS:

In 1999, AB 2103 (Gallegos) amended the Health and Safety Code to require hospitals to provide advanced notice of planned eliminations of emergency medical services to the SDHS, the County, and healthcare service plans or other third party payers under contract with the hospital. At least 90 days in advance of the projected closure date, public notice must be provided in a manner that is likely to reach a significant number of residents served by the hospital.

In addition, the hospital must take reasonable efforts to ensure that the community it serves is informed of the planned closure by advertising, soliciting media coverage and advising patients and third party payers. SDHS' approval of the elimination of emergency medical services is contingent upon receipt of the County's report on the closure's impact on emergency medical services. The Statute requires at least one public hearing. In Los Angeles County, the Board of Supervisors has appointed the EMSC as the entity to conduct the public hearing. The County is required to provide SDHS with the results of the Impact Evaluation within three days of its completion.

On September 23, 2004, the Daughters of Charity Health Care System notified the Department of Health Services of its plan to close RFK by December 31, 2004. The Board instructed the Director of Health Services to proceed with the public hearing and complete the impact evaluation process.

A total of forty (40) community members, healthcare and EMS providers attended the public hearing conducted by the Emergency Medical Services Commission (EMSC) on November 10, 2004. RFK's Chief Operating Officer explained the factors that led to the decision to close the hospital. Representatives of the Los Angeles County Fire Department and El Segundo Fire Department testified that their operations will be negatively affected by RFK's closure. Both agencies identified extended emergency department waiting times and possible delays in 9-1-1 responses as potential

The Honorable Board of Supervisors  
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long term problems resulting from the closure. A statement from Assembly Member Jerome E. Horton was read by his representative and The Community Health Councils, Inc. submitted a written statement. There was no citizen testimony. A complete transcript of the public hearing is on file at the EMS Agency.

IMPACT ON CURRENT SERVICES:

RFK's closure will not impact current County services. Based on testimony from the involved paramedic provider agencies, some adverse impact to emergency services in the immediate area is expected, which may resolve following planned operational, staffing and equipment upgrades by the area's hospitals and provider agencies.

CONCLUSION:

The EMS Agency has concluded that the closure of RFK will have a negative impact upon the community.

Respectfully submitted,



Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

TLG:cb  
410:003

Attachment

- c. Chief Administrative Officer
- County Counsel
- Executive Officer, Board of Supervisors
- Director, Emergency Medical Services
- Emergency Medical Services Commission
- Auditor-Controller

## IMPACT EVALUATION REPORT

### On the Closure of Robert F. Kennedy Medical Center

#### I. PURPOSE OF THE IMPACT EVALUATION

The purpose of an impact evaluation report (IER) is to assess the impact of a hospital's closure on the surrounding community. The report examines changes in access to emergency care, services provided by surrounding hospitals, and services provided by public and private EMS provider agencies.

#### II. SCOPE OF THE IMPACT EVALUATION

The required scope of an IER is set forth in Health & Safety Code (H&SC) Section 1300. The IER describes the service levels historically provided by the involved facility and evaluates the closure's impact on:

1. Surrounding hospitals, including specialty and disaster services.
2. Prehospital EMS provider agencies, including public and private providers.
3. The surrounding community.

#### III. THE IMPACT EVALUATION PROCESS

In 1999, the H&SC Sections 1255 and 1300 placed new requirements on general acute care hospitals with respect to downgrades and closures of emergency departments. Section 1255 outlines the hospital's obligations for proper notification. Hospital notification must be made to the State Department of Health Services, to the local government agency in charge of health services, to health plans under contract with the hospital, and to the public. This notification must be made as soon as possible but **not later than 90 days prior to the proposed reduction or elimination of emergency services**. Public notice must be provided in a manner likely to reach a significant number of residents of the community served by the hospital whose services are being reduced or downgraded. Compliance with the public notification requirements outlined in H&SC are monitored by the State Department of Health Services.

Section 1300 requires counties to conduct an IER to determine the impact, including but not limited to, an impact evaluation of the downgrade or closure upon the community, including community access to emergency care and how that downgrade or closure will affect emergency services provided by other entities. The IER must include at least one public hearing and **must be completed within 60 days of notification** by the hospital. The IER must be submitted to the State Department of Health Services within three days of its adoption by the Board. In Los Angeles County, the Board of Supervisors has designated the Emergency Medical Services Commission (EMSC) as the body to conduct the required hearing.

### Robert F. Kennedy Medical Center

On September 23, 2004, the Daughters of Charity Health System advised the Los Angeles County Board of Supervisors, the Emergency Medical Services (EMS) Agency, the State Department of Health Services, Health Facilities Division, and others of the planned closure of Robert F. Kennedy Medical Center (RFK) by December 31, 2004. In accordance with the procedures outlined above, the IER process was initiated.

Prior to the public hearing, the closure notice was widely disseminated throughout the community by public postings and advertising in four local newspapers, including a Spanish language newspaper. Elected officials, individuals and organizations were invited to speak at the public hearing or submit written testimony.

On **November 10, 2004**, the EMSC conducted the public hearing at Nyman Hall on the Hawthorne High School campus. Preliminary statistical data pertaining to Emergency Department (ED) volume, the number of hospitals within a 5- and 10-mile radius of RFK, and 9-1-1 transport volume was distributed at the hearing to enhance the public's understanding of the impact of the impending closure on the community. Oral and written testimony was accepted.

Following the hearing, the EMS Agency notified the Planning and Zoning Department of the City of Los Angeles of RFK's planned closure.

This final report, prepared by the EMS Agency at the direction of the EMSC, is submitted by the Department of Health Services to the Board of Supervisors for adoption. The data in Appendices A, B and C were obtained by interviews with surrounding hospitals; affected 9-1-1 provider agencies; the Los Angeles County ReddiNet® system; and the Los Angeles County Trauma and Emergency Medical Information System (TEMIS). A complete transcript of the public hearing is on file at the EMS Agency.

### **III. SUMMARY OF FINDINGS**

1. The Daughters of Charity Healthcare System owns and operates seven acute care facilities in California, four in Northern California and three in Los Angeles County. Two of the Los Angeles facilities, St. Francis Medical Center and Robert F. Kennedy Medical Center, have permits for basic emergency medical services. St. Francis Medical Center is located within a 10-mile radius of RFK (8.8 miles).
2. Thirteen acute care facilities are located within ten miles of RFK. Of these, three are within five miles (Appendix A, Service Grid).
3. RFK's Emergency Department treated 21,686 patients in 2003. Of these, 5,012 were transported by the 9-1-1 system: 3,494 Advanced Life Support (ALS)

transports and 1,518 Basic Life Support (BLS) transports (Appendix B, Facility Volume Report).

4. From an emergency medical services perspective, the closure of RFK will impact the residents of Hawthorne; Los Angeles; Inglewood; Lennox; Lawndale; Gardena; El Segundo and Compton. The primary EMS provider agencies affected by the closure are the El Segundo and Los Angeles County Fire Departments, with some impact also to the Los Angeles Fire Department (Appendix C, Robert F. Kennedy Medical Center ER and 9-1-1 Transport Volume). The impacts include:
  - a. Longer travel times to reach emergency services. RFK currently receives 5% of the total number of 9-1-1 patients transported by public and private provider agencies within the 10-mile radius.
  - b. Possible delays in obtaining prehospital emergency services. EMS personnel will be out of service for longer periods of time as they transport patients to more distant hospitals.
  - c. Loss of geographic availability of basic emergency department services for residents of the communities listed above.
  - d. Loss of a community resource for disaster purposes.
  - e. Increased requests for 9-1-1 diversion. As surrounding EDs absorb the patients that once would have gone to RFK they will reach the saturation point more quickly, ED through-put will bottleneck, and the hospitals will request 9-1-1 diversion to help slow the patient influx. (Appendix D, Hospital Diversion to 9-1-1 Traffic due to Emergency Department Saturation)
  - f. Possible increased utilization of 9-1-1 by citizens who currently walk or drive to RFK.
4. The combined total number of emergency treatment stations in the 10-mile radius is 293 (does not include urgent care beds). Loss of the RFK ED reduces the number to 279 treatment stations (Appendix B, Facility Volume Report).
5. In 2003, emergency visits to hospitals within RFK's 10-mile radius totaled 579,716, which is an average of 1,979 patients per treatment station. With RFK's closure, the average increases to 2,078 patients per treatment station (assuming patients currently seen at RFK will seek emergency care at one of the hospitals within the 10-mile radius).
6. Data on emergency treatment stations are contingent upon all hospitals continuing to operate emergency services within the 10-mile radius.

7. Patients with non-life-threatening illness or injury will most likely experience longer waiting times in the EDs of surrounding hospitals when RFK closes.
8. RFK is licensed for 41 of the 307 acute psychiatric beds available in the 10-mile radius around the hospital. RFK's closure reduces the available psychiatric beds to 266, a decrease of nearly 13%. This loss of inpatient psychiatric services will result in extended waiting times for psychiatric patients in emergency departments and will displace out of the Hawthorne community those psychiatric patients who need admission to a hospital (Appendix B, Facility Volume Report).
9. RFK is not an Emergency Department Approved for Pediatrics (EDAP). There will be no impact to children in terms of 9-1-1 transports.
10. RFK is not a designated trauma center. There will be no impact on patients that meet trauma center criteria or guidelines.
11. RFK does not offer SART (Sexual Assault Response Team) services; therefore, its closure will not affect SART services in Hawthorne and the surrounding communities.
12. RFK provides neurosurgical services. All three hospitals within the 5-mile radius of RFK provide neurosurgical services. Three of the other ten hospitals located within the 10-mile radius are on permanent neurosurgical diversion.

## **V. CONCLUSION**

Based on the above findings, the Los Angeles County EMS Agency concludes that the closure of the emergency department and acute care beds at RFK will have a negative impact on access to delivery of emergency medical services in the City of Hawthorne and the surrounding communities.

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES**  
**EMERGENCY MEDICAL SERVICES AGENCY**

**ROBERT F. KENNEDY MEDICAL CENTER**  
**SERVICE GRID**

Hospitals/Services	Base Hospital	Trauma Hospital	Pediatric Critical Care (PCCC)	ED Approved for Pediatrics (EDAP)	Obstetrical Services (Perinatal)	Neonatal Intensive Care Unit	Neurosurgical	5150 Designation	Sexual Assault Exams
Robert F. Kennedy Medical Center (Service Area)					X		X	X	
<b>Hospitals within a 5 mile radius of Robert F. Kennedy Medical Center</b>									
Centinela Hospital Medical Center (Service Area)				X	X	X	X	X	
Daniel Freeman Memorial Hospital (Service Area)				X	X	X	X		X
Memorial Hospital of Gardena (Service Area)				X	X		X		
<b>Hospitals within a 10 mile radius of Robert F. Kennedy Medical Center</b>									
Little Company of Mary Hospital	X			X	X	X	X		X
Martin Luther King Jr./Drew Medical Center	X	X	X	X	X	X	X	X	
Daniel Freeman Marina Hospital									
Torrance Memorial Medical Center	X			X	X	X			
Brolman Medical Center				X				X	
St. Francis Medical Center	X	X		X	X	X	X	X	
Kaiser West Los Angeles					X				
Harbor/UCLA Medical Center	X	X	X	X	X	X	X	X	
Midway Medical Center									
California Hospital Medical Center (Service Area)				X	X	X	X	X	X

**APPENDIX A**



**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES AGENCY**

**ROBERT F. KENNEDY MEDICAL CENTER  
FACILITY VOLUME REPORT**

Hospitals	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 5 mile radius	% of Treatment Bays in the 10 mile radius	9-1-1 Transports in 2003	% of 9-1-1 Transports in the 5 mile radius	% of 9-1-1 Transports in the 10 mile radius	Averaged Monthly ED Visits	Reported Annual ED Visits	% of ED Visits in the 5 mile radius	% of ED Visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)	Licensed Critical Care Beds (ICU & CCU)	Licensed Psychiatric Beds
Robert F. Kennedy Medical Center	14	24%	5%	5012	18%	5%	1807	21686	19%	4%	1549	21	41
<b>Hospitals within a 5 mile radius of Robert K. Kennedy Medical Center</b>													
Centinela Hospital Medical Center	18	31%	6%	9886	35%	10%	3285	39417	34%	7%	2190	24	28
Daniel Freeman Memorial Hospital	16	28%	5%	10045	35%	10%	3210	38517	33%	7%	2407	25	0
Memorial Hospital of Gardena	10	17%	3%	3557	12%	3%	1410	16916	15%	3%	1692	10	0
<b>Total for Hospitals in the 5 mile radius</b>	<b>58</b>			<b>28500</b>				<b>116536</b>				<b>80</b>	<b>69</b>

**APPENDIX B**

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES AGENCY**

**ROBERT F. KENNEDY MEDICAL CENTER  
FACILITY VOLUME REPORT**

Hospitals	Emergency Department (ED) Beds (Treatment Days)	% of Treatment Days in the 5 mile radius	% of Treatment Days in the 10 mile radius	9-1-1 Transports in 2003	% of 9-1-1 Transports in the 5 mile radius	% of 9-1-1 Transports in the 10 mile radius	Averaged Monthly ED Visits	Reported Annual ED Visits	% of ED visits in the 5 mile radius	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)	Licensed Critical Care Beds (ICU & CCU)	Licensed Psychiatric Beds
<b>Hospitals within a 10 mile radius of Robert F. Kennedy Medical Center (including hospitals in the 5 mile radius)</b>													
Little Company of Mary Hospital	29	n/a	10%	5660	n/a	5%	4432	53182	n/a	9%	1834	16	0
Martin Luther King Jr./Drew Medical Center	29	n/a	10%	12449	n/a	12%	4862	58348	n/a	10%	2012	59	76
Daniel Freeman Marina Hospital	15	n/a	5%	4184	n/a	4%	1551	18612	n/a	3%	1241	12	0
Torrance Memorial Medical Center	20	n/a	7%	6787	n/a	7%	5000	60000	n/a	10%	3000	22	0
Brotman Medical Center	12	n/a	4%	4498	n/a	4%	2091	25091	n/a	4%	2091	20	70
St. Francis Medical Center	32	n/a	11%	11862	n/a	11%	4831	57969	n/a	10%	1812	36	40
Kaiser West Los Angeles	25	n/a	9%	7732	n/a	7%	5401	64816	n/a	11%	2593	34	0
Harbor/UCLA Medical Center	39	n/a	13%	7470	n/a	7%	6408	76893	n/a	13%	1972	50	39
Midway Medical Center	14	n/a	5%	6234	n/a	6%	1542	18509	n/a	3%	1322	12	0
California Hospital Medical Center	20	n/a	7%	8267	n/a	8%	2480	29760	n/a	5%	1488	20	13
<b>Total for Hospitals in the 10 mile radius</b>	<b>293</b>			<b>103643</b>				<b>579716</b>				<b>361</b>	<b>307</b>

**Note:** Data reflect year 2003. Values in *ITALICS* are 2002 data

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES AGENCY**

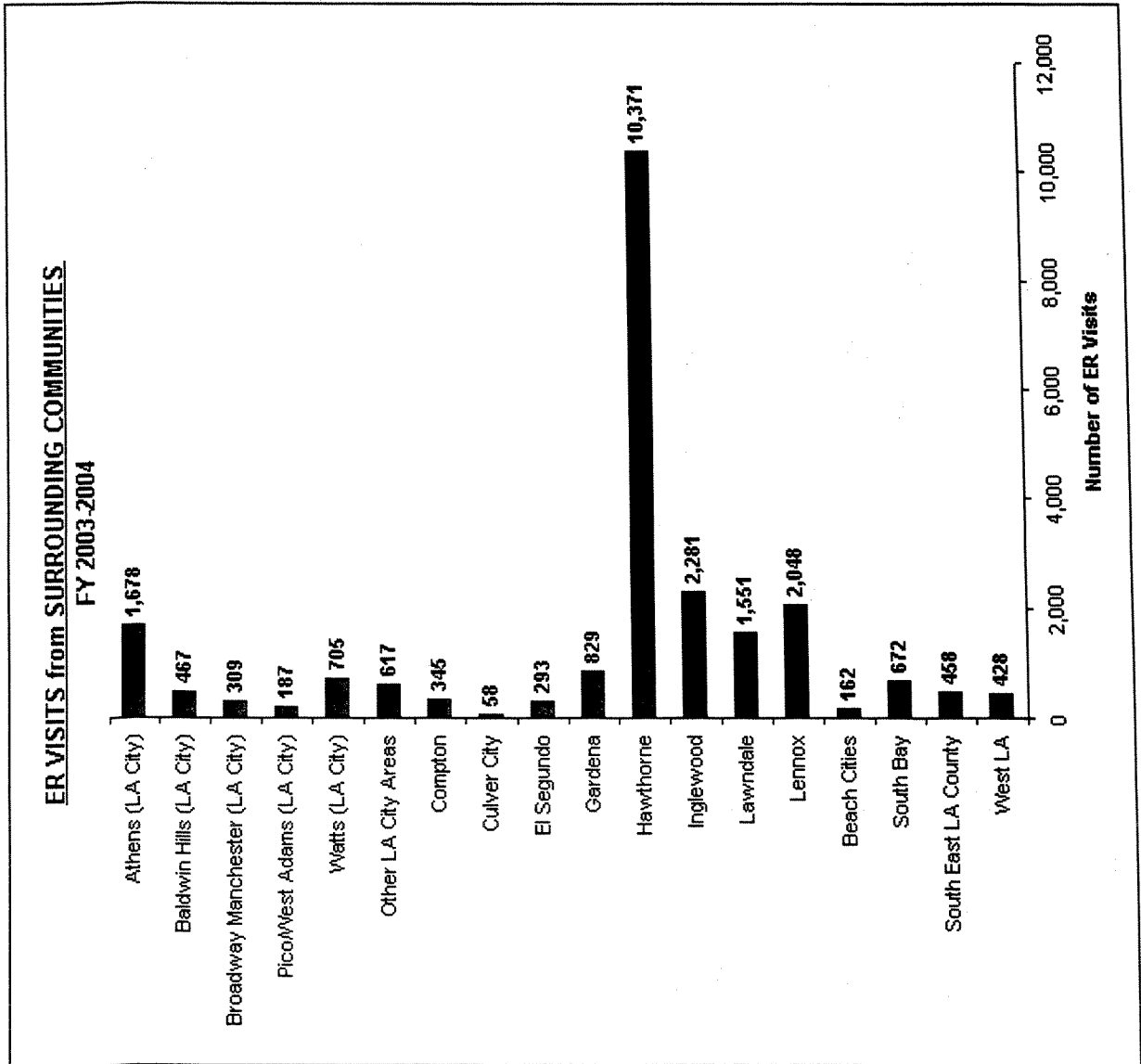
**ROBERT F. KENNEDY MEDICAL CENTER  
FACILITY VOLUME REPORT**

<b><u>CONCLUSIONS:</u></b>	<b>within the 5 mile radius</b>	<b>within the 10 mile radius</b>
Number of treatment bays if Robert F. Kennedys' ED closes	44 24% decrease	279 5% decrease
Current number of patients per treatment bay	2009	1979
Estimated increase in patients per treatment bay if Robert F. Kennedy's ED closes	2649 32% increase	2078 5% increase
Of the other 13 hospitals in the 10 mile radius, 6 hospitals are seeing over 2000 patients per treatment bay annually.		
Community Hospital of Gardena closed in July 26, 2004. The hospital was located within the 5 mile radius of Robert F. Kennedy. The hospital had 5 ED treatment bays and handled 4,596 ED patient visits in 2003. 911 patients were redirected to Memorial Hospital of Gardena.		
Number of Licensed Critical Care Beds if Robert F. Kennedy closes	within the 5 mile radius 59 26% decrease	within the 10 mile radius 340 6% decrease
Number of Licensed Psychiatric Beds if Robert F. Kennedy closes	28 59% decrease	266 13% decrease
Per the OSHPD Hospital Annual Financial Data Profiles for 2002, the 14 hospitals within the 10 mile radius reported the following: 1. Current Ratio (calculated by dividing Total Current Assets by Total Current Liabilities), a ratio of 1 or better is generally considered good. 3 hospitals reported a ratio >2 (Healthy); 4 hospitals reported a ratio >1, <2 (Good); 6 hospitals (including Robert F. Kennedy) reported a ratio <1 and 1 hospital did not report data. 2. Long Term Debt to Equity (calculated by dividing Net Total Long Term Debt to Total Equity), a ratio of over 40% - 50% often signals liquidity problems. 5 hospitals reported a ratio >50%; 5 hospitals reported a ratio <50% (including Robert F. Kennedy), and 4 hospitals did not report data. 3. Operating Margin (a negative operating margin indicates a facility's inability to meet ongoing operating expenses with reliable revenue sources). 10 hospitals reported a positive operating margin, 3 hospitals (including Robert F. Kennedy) reported a negative operating margin and 1 hospital did not report data.		
Per the OSHPD Summary of Requests for Extension to Seismic Safety Deadlines (February 9, 2004): 4 of the hospitals within the 10 mile radius (including Robert F. Kennedy) have an approved extension request, one hospital's request is pending approval, the other 9 hospitals did not file for an extension request.		

**APPENDIX B**

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES**  
**EMERGENCY MEDICAL SERVICES AGENCY**

**ROBERT F. KENNEDY MEDICAL CENTER**  
**ER AND 911 TRANSPORT VOLUME**



The closure of Robert F. Kennedy Medical Center will impact the residents of Hawthorne, Inglewood, Lennox, Lawndale, Gardena, El Segundo, Compton and South Los Angeles.

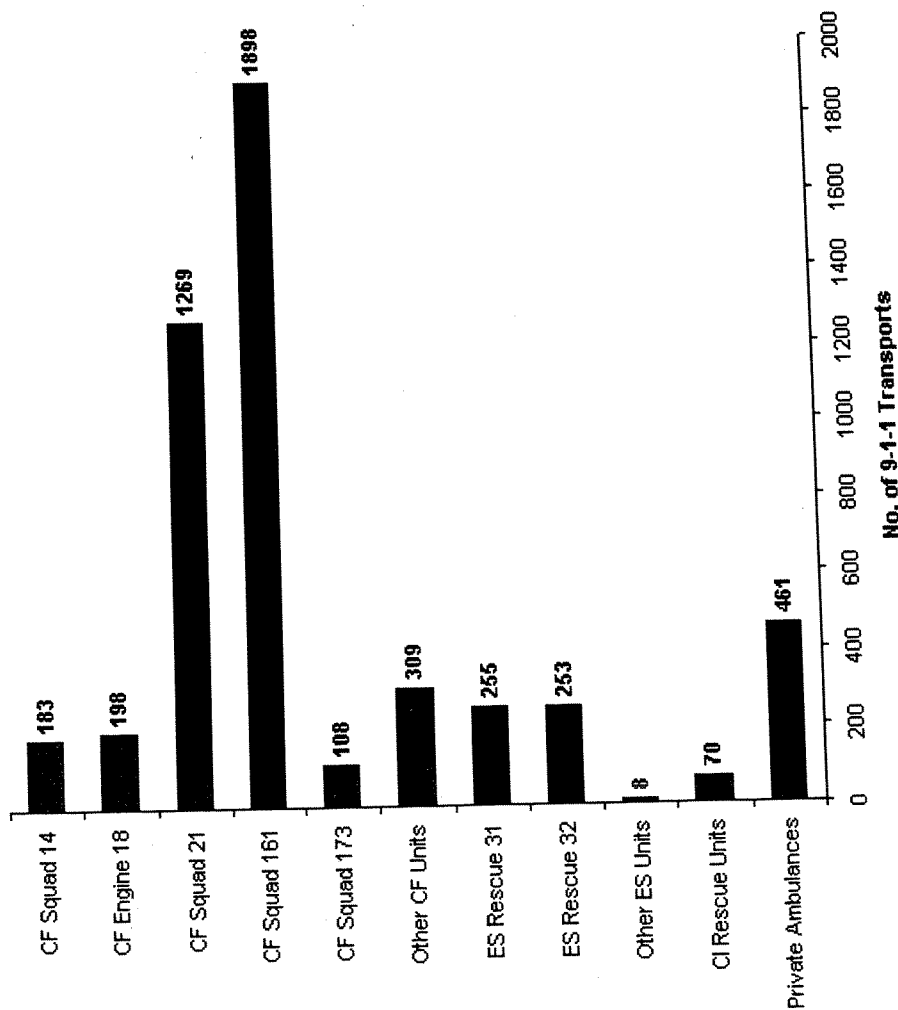
ER visits to Robert F. Kennedy Medical Center are from:

Hawthorne	42%
Los Angeles	16%
Inglewood	9%
Lennox	8%
Lawndale	6%
Gardena	3%
El Segundo	1%
Compton	1%

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES**  
**EMERGENCY MEDICAL SERVICES AGENCY**

**ROBERT F. KENNEDY MEDICAL CENTER**  
**ER AND 911 TRANSPORT VOLUME**

**9-1-1 TRANSPORTS by PROVIDER AGENCY**  
**Year 2003 (n=5012)**



Twenty-three (23) percent of ER visits to Robert F. Kennedy Medical Center is transported by the 9-1-1 system. These transports are from the defined Service Area of Robert F. Kennedy Medical Center.

For EMS transport purposes, Robert F. Kennedy Medical Center's Service Area is defined by the following boundaries: North-Imperial Highway, Hawthorne City Limits; East-Western Avenue, Crenshaw Boulevard; South-Marine Avenue, Aviation Boulevard, Rosecrans Avenue and West-Pacific ocean. This service area is contiguous to the service area of Centinela Hospital Medical Center and Memorial Hospital of Gardena.

The EMS Provider Agencies that will be impacted by the closure of Robert F. Kennedy Medical Center's emergency room include:

Los Angeles County Fire Department (CF) which handles 79% of the transports.

El Segundo Fire Department (ES) which handles 10% of the transports.

Los Angeles Fire Department (CI) which handles 1% of the transports.

Private Ambulance Companies which handles 9% of the transports. These companies include: American Medical Response, Bowers Ambulance Service and Schaefer Ambulance Service.

**APPENDIX C**

**HOSPITAL DIVERSION TO 9-1-1 TRAFFICE  
due to EMERGENCY DEPARTMENT SATURATION**

**9-1-1 Receiving Hospitals within a Ten Mile Radius of  
ROBERT F. KENNEDY MEDICAL CENTER**

Diversion hours are rounded to the closest hour.

HOSPITAL CODE	1999			2000			2001			2002			2003			2004		
	total hrs in 1999 = 8760	Hrs. diverted	% diverted	total hrs in 2000 = 8760	Hrs. diverted	% diverted	total hrs in 2001 = 8760	Hrs. diverted	% diverted	total hrs in 2002 = 8760	Hrs. diverted	% diverted	total hrs in 2003 = 8760	Hrs. diverted	% diverted	total hrs Jan-Sep = 6576	Hrs. diverted	% diverted
RFK	11	0.1%	0.1%	17	0.2%	+55%	7	0.1%	-59%	2	0.02%	-71%	0	0%	-100%	0	0%	N/A
CNT	63	1%	0.1%	7	0.1%	N/A	0	0%	-100%	34	0%	N/A	0	0%	-100%	21	0.3%	N/A
DFH	12	0.1%	0.1%	63	1%	+430%	84	1%	+32%	0	0%	-100%	28	0.3%	N/A	5	0.1%	N/A
MHG	4	0.0%	0.1%	7	0.1%	+86%	19	0.2%	+196%	29	0.3%	+51%	0	0%	-100%	0	0%	N/A
LCM	930	11%	18%	1611	18%	+73%	2345	27%	+46%	1596	18%	-32%	1854	21%	+16%	1042	16%	N/A
MLK	3563	41%	48%	4225	48%	+19%	5202	59%	+23%	5473	62%	+5%	5514	63%	+1%	4540	69%	N/A
DFM	568	6%	16%	1380	16%	+143%	1269	14%	-8%	1449	17%	+14%	935	11%	-36%	647	10%	N/A
TOR	672	8%	17%	1488	17%	+119%	2577	29%	+75%	860	10%	-67%	1800	21%	+109%	1209	18%	N/A
BMC	1069	12%	13%	1139	13%	+7%	1018	12%	-11%	1047	12%	+3%	1021	12%	-3%	1142	17%	N/A
SFM	2383	27%	40%	3533	40%	+48%	4020	46%	+14%	5473	62%	+36%	5183	59%	-5%	3983	61%	N/A
KFW	868	10%	17%	1490	17%	+72%	2982	34%	N/A	2161	25%	-28%	1556	18%	-28%	1562	24%	N/A
HGH	3260	37%	41%	3623	41%	+11%	4880	56%	+35%	5077	58%	+4%	5094	58%	+0%	4552	69%	N/A
MID	1139	13%	15%	1343	15%	+18%	3892	44%	+190%	3429	39%	-12%	1715	20%	-50%	1224	19%	N/A
CAL	3970	45%	59%	5188	59%	+31%	6186	71%	+19%	5143	59%	-17%	5717	65%	+11%	3873	59%	N/A

CODE	HOSPITAL NAME	CODE	HOSPITAL NAME
RFK	Robert F. Kennedy Medical Center (service area)	TOR	Torrance Memorial Medical Center
CNT	Centinel Hospital Medical Center (service area)	BMC	Brotman Medical Center
DFH	Daniel Freeman Memorial Hospital (service area)	SFM	St. Francis Medical Center
MHG	Memorial Hospital of Gardena	KFW	Kaiser West Los Angeles
LCM	Little Company of Mary Hospital	HGH	Harbor/UCLA Medical Center
MLK	Martin Luther King/Drew Medical Center	MID	Midway Medical Center
DFM	Daniel Freeman Marina Hospital	CAL	California Hospital Medical Center (service area)

APPENDIX D